

Page 1 of 3

FACILITY ID NUMBER

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LAO	Laotian
HMN	Miao, Hmong
KHM	Mon-Khmer, Cambodian
NAV	Navajo
PER	Persian
POL	Polish
POR	Portuguese
RUS	Russian
SCR	Serbo-Croatian
SPA	Spanish
TGL	Tagalog
THA	Thai
URD	Urdu
VIE	Vietnamese
YID	Yiddish
999	Unknown

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
EMERGENCY DEPARTMENT DATA RECORD
MANUAL ABSTRACT REPORTING FORM**

Page 2 of 3

Effective with encounters occurring on or after January 1, 2009

Instructions: For a description of the data elements, refer to the appropriate section of the Patient Data Reporting Requirements
(Title 22, Sections 97251 through 97265 and 97267)

EXPECTED SOURCE OF PAYMENT

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- | | |
|--|---------------------------------------|
| 09 Self Pay | DS Disability |
| 11 Other Non-federal programs | HM Health Maintenance Organization |
| 12 Preferred Provider Organization (PPO) | MA Medicare Part A |
| 13 Point of Service (POS) | MB Medicare Part B |
| 14 Exclusive Provider Organization (EPO) | MC Medicaid (Medi-Cal) |
| 16 Health Maintenance Organization (HMO) Medicare Risk | OF Other federal program |
| AM Automobile Medical | TV Title V |
| BL Blue Cross/Blue Shield | VA Veterans Affairs Plan |
| CH CHAMPUS (TRICARE) | WC Workers' Compensation Health Claim |
| CI Commercial Insurance Company | 00 Other |

DISPOSITION OF PATIENT

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- 01 Discharged to home or self care (routine discharge)
- 02 Discharged/transferred to a short term general hospital for inpatient care
- 03 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care
- 04 Discharged/transferred to an intermediate care facility (ICF)
- 05 Discharged/transferred to another type of institution not defined elsewhere in this code list
- 06 Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care
- 07 Left against medical advice or discontinued care
- 20 Expired
- 43 Discharged/transferred to a federal health care facility
- 50 Discharged home with hospice care
- 51 Discharged to a medical facility with hospice care
- 61 Discharged/transferred to a hospital-based Medicare approved swing bed
- 62 Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part unit of a hospital
- 63 Discharged/transferred to a Medicare certified long term care hospital (LTCH)
- 64 Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare
- 65 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
- 66 Discharged/transferred to a Critical Access Hospital (CAH)
- 00 Other

PRINCIPAL DIAGNOSIS

ICD-9-CM CODE

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OTHER DIAGNOSES

ICD-9-CM CODE

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PRINCIPAL EXTERNAL CAUSE OF INJURY E-CODE

ICD-9-CM CODE

E				
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OTHER EXTERNAL CAUSE OF INJURY E-CODES

ICD-9-CM CODE

a.

E				
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b.

E				
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c.

E				
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d.

E				
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PRINCIPAL PROCEDURE

CPT-4 CODE

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OTHER PROCEDURES

CPT-4 CODE

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